

MARGIN RESERVED FOR BINDING

USE PERMANENT INK

# ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

This return should preferably be made by the person who made the original.

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.

105

Place of Birth  
(Registration District)

Lea

County

Coconino

Leboy

St.

SEX OF CHILD	Twin Triplet or other	and	Number in order of birth
Male			

DATE OF BIRTH

Feb 4 1925

FULL NAME

Rosalia Sanchez

FULL MAIDEN NAME

Rosalia Enriquez

I HEREBY CERTIFY that the child described herein has been named

Ofelia Sanchez

(Give name in full)

(Surname)

Rosalia Enriquez

(Parent's Signature)

Leslie D. Drayton

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-43-S.P.Co.

629-204-959